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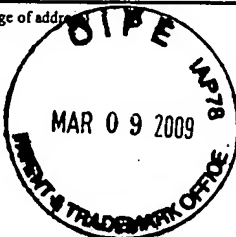
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7590

12/03/2008

Kevin D. Erickson
 Pauley Petersen & Erickson
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 2800 West Higgins Road
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Kevin D. Erickson	(Depositor's name)
<i>KE D G I K</i>	(Signature)
03 MARCH 2009	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/784,364

02/23/2004

Robert F. Oury

RII-101

8878

TITLE OF INVENTION: SYSTEM AND METHOD FOR ELEVATING A SUPPORT POST

03/09/2009 NNGUYEN2 00000029 10784364

01 FC:2501

755.00 OP

02 FC:1504

300.00 OP

03 FC:0001

30.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/03/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAGMAN, FREDERICK LYNDON	3672	405-231000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 **Pauley Petersen & Erickson**

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Rotec Industries, Inc.

Elmhurst, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check is enclosed. **(\$1085.00)**
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- ☒ The Director is hereby authorized to charge 19-3550 any deficiency, or credit any overpayment, to Deposit Account Number 19-3550 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

KE D G I K

Date

03 MARCH 2009

Typed or printed name

Kevin D. Erickson

Registration No.

38,736

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RII-101